

MONTHLY OPERATING REPORT

CHAPTER 11

CASE NAME: Prevalence Health, LLC

CASE NUMBER: 09-02016 EE

For Period September 1 to September 30, 2011

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
(mark only one - attached or waived)		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Comparative Balance Sheet (FORM 2-B)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Profit and Loss Statement (FORM 2-C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cash Receipts & Disbursements Statement (FORM 2-D)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Supporting Schedules (FORM 2-E)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Narrative (FORM 2-F)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)

I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: 10/10/11
(date)

Debtor(s)*: Prevalence Health, LLC

By:** H. K. Lefoldt, Jr.

Position: Liquidating Agent

Name of preparer: H. K. Lefoldt, Jr.

Telephone No. of Preparer 601-956-2374

* both debtors must sign if a joint petition

** for corporate or partnership debtor

CASE NAME: Prevalence Health, LLC CASE NUMBER: 09-02016 EE

QUARTERLY FEE SUMMARY

MONTH ENDED September 30, 2011

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ 45,675			
February	\$ 17,484			
March	\$ 26,735			
Total				
1st Quarter	\$ 89,894	\$ 975		
April	\$ 11,582			
May	\$ 355			
June	\$ 23,695			
Total				
2nd Quarter	\$ 35,632	\$ 650		
July	\$ 4,152			
August	\$ 191			
September	\$ 9,825			
Total				
3rd Quarter	\$ 14,168	\$ 325		
October	\$			
November	\$			
December	\$			
Total				
4th Quarter	\$	\$		

DISBURSEMENT CATEGORY QUARTERLY FEE DUE

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

* Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.



Regions Bank
Renaissance at Colony Park
1020 Highland Colony Pkwy FL1
Ridgeland, MS 39157-8722



00110018 01 AV 0.337 001
PREVALENCE HEALTH LLC
690 TOWNE CENTER BLVD
RIDGELAND MS 39157-4902



ACCOUNT # 0128180321

Cycle 001
Enclosures 26
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COMMERCIAL ANALYZED CHECKING
September 1, 2011 through September 30, 2011

SUMMARY

Beginning Balance	\$382,849.21	Minimum Balance	\$373,024
Deposits & Credits	\$0.00 +		
Withdrawals	\$0.00 -		
Fees	\$0.00 -		
Automatic Transfers	\$0.00 +		
Checks	\$9,825.00 -		
Ending Balance	\$373,024.21		

CHECKS

Date	Check No.	Amount	Date	Check No.	Amount
09/26	1001	3,420.00	09/27	1002	6,405.00
			Total Checks		\$9,825.00

* Break In Check Number Sequence.

DAILY BALANCE SUMMARY

Date	Balance	Date	Balance
09/26	379,429.21	09/27	373,024.21

**REMINDER: CHANGES TO YOUR DEPOSIT
AGREEMENT (INCLUDING ARBITRATION TERMS)
ARE IN EFFECT AS OF JULY 21, 2011.
PLEASE GO TO REGIONS.COM/AGREEMENTS OR
VISIT YOUR BRANCH FOR AN AMENDMENT TO
YOUR CURRENT AGREEMENT.**

For all your banking needs, please call 1-800-REGIONS (734-4667).
or visit us on the Internet at www.regions.com.

Thank You For Banking With Regions!



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1020 Highland Colony Pkwy FL1
Ridgeland, MS 39157-8722

PREVALENCE HEALTH LLC
690 TOWNE CENTER BLVD
RIDGELAND MS 39157-4902



ACCOUNT # 0128180321

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PREVALENCE HEALTH LLC 690 Towne Center Blvd Ridgeland, MS 39157		1001
DATE 9-26-11		Amount
PAY TO THE ORDER OF	\$ 3,420.00	
Three Thousand Four Hundred Twenty & 00/100		
REGIONS		
FOR <i>W. H. Smith</i>		
⑈00100⑈ ⑈06530543⑈ 0128180321⑈		

Check# 1001 09/26/2011 \$3420.00

PREVALENCE HEALTH LLC 690 Towne Center Blvd Ridgeland, MS 39157		1002
DATE 9-27-11		Amount
PAY TO THE ORDER OF	\$ 6,405.00	
Six Thousand Four Hundred Five & 00/100		
REGIONS		
FOR <i>W. H. Smith</i>		
⑈00100⑈ ⑈06530543⑈ 0128180321⑈ ⑈0000640300⑈		

Check# 1002 09/27/2011 \$6405.00